



Claims Clues



A Publication of the AHCCCS Claims Department

October, 1999

AHCCCS Begins Medicare Crossover

On October 1, AHCCCS began Medicare crossover for fee-for-service claims with BlueCross/BlueShield of North Dakota, BlueCross/BlueShield of Arizona, and BlueCross/BlueShield of Texas (Trailblazers).

When a provider submits a claim to Medicare for an AHCCCS-eligible recipient, the claim will automatically be crossed over to AHCCCS when Medicare issues reimbursement. Providers no longer are required to submit paper claims to AHCCCS for paid Medicare claims for AHCCCS recipients. Providers must include their AHCCCS ID number as well as their Medicare ID number on the claim submitted to Medicare.

However, if Medicare denies the claim or if the claim is adjusted, a paper claim must be submitted to AHCCCS. These claims must comply with all AHCCCS claim submission requirements, including submission of the Medicare or Medicare HMO EOMB.

The following information must be included:

Provider ID Number

The service provider must be an active, registered provider, and the AHCCCS provider ID number must be entered on the AHCCCS claim. The provider must be registered with AHCCCS, even if only for the purpose of receiving reimbursement for the provider's Medicare recipients.

A provider registration packet can be obtained by calling the AHCCCS Provider Registration Unit at (602) 417-7670, option 5.

HCFA 1500 CLAIMS

The Medicare coinsurance and deductible, if applicable, must be entered in Field 24K of the HCFA 1500 claim form. Enter coinsurance first and the deductible as the second figure.

I	J	K
EMG	COB	RESERVED FOR LOCAL USE
N	Y	26.00 100.00
N	Y	10.00 0

If there is no deductible, enter a zero (0) for the deductible amount.

I	J	K
EMG	COB	RESERVED FOR LOCAL USE
N	Y	26.00 0
N	Y	10.00 0

Co-Pay for HMO Members

The charges in Field 24F must be the provider billed charges, not the co-pay amount. The co-pay amount must then be entered in Field 24K as coinsurance with zero (0) as the deductible, as indicated above.

Provider Information

Enter the 6-digit AHCCCS provider ID number and 2-digit locator code in the "PIN#" section of Field 33.

UB-92 CLAIMS

Coinsurance and deductible must be entered in Field 41 of the UB-92 claim form with the appropriate value codes. Use value code A1 to indicate Part A deductible and A2 for Part A coinsurance, if applicable.

If there is no coinsurance or deductible, enter zero (0) in the amount field. Only certain provider types will be reimbursed for a UB-92 claim with zero for Medicare coinsurance and/or deductible.

Provider Information

Enter the facility's AHCCCS provider ID number in Field 51 of the UB-92 claim form. ☐

Providers Must Update Medicare Information

In order for the AHCCCS Administration to correctly process Medicare claims, provider records must be updated to include current Medicare information.

The following information must be on file with the AHCCCS Provider Registration Unit:

Medicare ID number, Medicare Coverage, Intermediary Code and/or Carrier Code, Begin Date and End Date (if applicable).

A form that providers should use to submit this information is attached to this issue of *Claims Clues*. Providers who have questions about submitting the

information requested on the form should contact the Provider Registration Unit at (602) 417-7670 (Option 5).

Providers who have questions about the processing of Medicare claims should contact the Claims Customer Service Unit at (602) 417-7670 (Option 4). ☐

Coding Corner

The AHCCCS Administration has made the following changes to its Reference subsystem:

- New code W0100 (Mileage – ALTCS providers of HCBS services to Native American recipients at home on reservation) has been added for the provider types listed below effective 09/01/99. The code is Category of Service 31 (Non-emergency transportation).

Provider type 13

(Occupational therapist)

Provider type 14 (Physical therapist)

Provider type 15

(Speech/hearing therapist)

Provider type 20 (Respiratory therapist)

Provider type 24 (Personal care attendant)

Provider type 37 (Homemaker)

Provider type 39 (Habilitation provider)

Provider type 40 (Attendant care)

Provider type 46 (Nurse [Private-RN/LPN])

- Codes W2301, W2352, and W2353 have been end dated effective 06/30/99

- The following changes have been made to the Revenue-Code-to-HCPCS-Code table: 97140 added for revenue code 421 effective 01/01/99 90999 added for revenue codes 821, 841, and 851 effective 04/05/99

- Coverage of 86078 has been changed to covered for fee-for-service and available for encounter reporting effective 01/01/99

Provide type 05 (Clinic)

- Add Z3621 and Z3648 effective 04/01/99

Provider type 07 (Dentist)

- Add 99215, 99201-99205 effective 01/01/96

Provider type 08 (MD-Physician)

- Add G0004 - G0007

Provider type 10 (Podiatrist)

- Add 14040

Provider type 23 (Home health agency)

Add G0008 effective 10/01/94

Provider type 30 (DME supplier)

- Add G0005-G0008 effective 01/01/99
- Add Category of Service 12 (Pathology and Laboratory) effective 01/01/99 and end date 09/30/99

Provider type 31(DO-Physician Osteopath)

- Add G0004 - G0007

Provider type 41 (Dialysis clinic)

- Add Z3621 and Z3648 effective 04/01/99

Provider type 43 (ASC)

- 68530 effective 05/01/99
- Category Of Service 16 (Outpatient facility fees) end-dated effective 11-30-95

Provider type 50 (Adult foster care)

- End date Z3724 effective 01/31/99

Provider type 60 (Blood bank)

- Add 89399 effective 05/01/99

Provider type 71 (Psychiatric hospital)

- End date the following codes effective 09/30/99: A0000-G0069, G0100-G9999, I0000-Q9999, S0000-Y9999, Z3200-Z3299, Z3400-Z3600, Z3610-Z3700
- Add the following codes effective 10/01/99: A0000-A9605, G0001, J0001-J9999, Z3610-Z3621, Z3643-Z3645, Z3648, Z3724

Provider type 81 (EPD HCBS)

- Add Z3621 and Z3648 effective 04/01/99 □

Manuals, Fee Schedules Available on Web Site

The AHCCCS Fee-For-Service Provider Manual, capped fee schedule, and numerous other documents are available on the agency's Web site.

The AHCCCS home page can be found at:

www.ahcccs.state.az.us

To view the *Fee-For-Service Provider Manual* and the *AHCCCS Medical Policy Manual*:

- Click "Publications," then click "Guides and Manuals."
- Click the appropriate manual.

To obtain fee schedules:

- Click "Publications," then click "Fee Schedules" to go

to the Fee Schedule Index page.

- Click the appropriate fee schedule.

To view past issues of *Claims Clues*:

- Click "Publications," then click "Claims Clues."
- Click the desired issue. □



Jane Dee Hull
Governor

Phyllis Biedess
Director

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
Committed to Excellence in Health Care

On October 1, 1999, AHCCCS began Medicare Crossover for fee-for-service claims with BlueCross/BlueShield of North Dakota, BlueCross/BlueShield of Arizona and BlueCross/Blue Shield of Texas (TrailBlazers). This includes processing fee-for-service Medicare claims for AHCCCS eligible recipients and for QMB only recipients. QMB only recipients are not eligible for AHCCCS but eligible for reimbursement of coinsurance and deductible of Medicare-covered services. If you currently submit your Medicare claims to any of these companies, the claim will automatically be crossed-over to AHCCCS and you will not be required to submit a paper claim to AHCCCS for reimbursement of those services. The exception is if your claim is denied by Medicare or if the claim is adjusted by Medicare

In order to correctly process your Medicare claims the following information must be on file with AHCCCS: Medicare ID number, Medicare Coverage, Intermediary Code and/or Carrier Code, Begin Date and End Date (if applicable).

If you have any questions about submitting the information below, please contact the Provider Registration Unit at (602) 417-7670 (Option 5). If you have questions related to how your Medicare claim is processed, contact the Claims Customer Service Unit at (602) 417-7670 (Option 4).

Medicare ID Number	Medicare Coverage	Intermediary Numeric Code	Carrier Numeric Code	Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

(Provider Signature)

AHCCCS Provider ID Number

Provider Name (Please type or print only)

Date

Mail this form to: AHCCCS Provider Registration Unit
MD 8100
701 East Jefferson Street
Phoenix, AZ 85034

Fax this form to: AHCCCS Provider Registration Unit
(602) 256-1474